

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILED DATE

10814514-

04-01-04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4		2				
5		2				
6		2				
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50						
TOTAL IND.	1					
TOTAL DEP.	11					
TOTAL CLAIMS	12					

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
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TOTAL CLAIMS						